

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 11-13-01.
- b. The request was received on 6-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No response noted in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 7-15-02. No Requestor's response was noted in the dispute packet as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). No Carrier three day or fourteen day response was noted in the dispute packet. The "no Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from TWCC 60 Table of Disputed Services:
"___ was called out at midnight to Emergency Room to evaluate patient with fingertip injuries. He made decision for surgery. According to TWCC rules for surgery. Charges are warranted for pre-operative services in order to evaluate or prepare the patient for surgery ...".
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-13-01.

2. The Carrier has denied the disputed service as *00850 DELINES”; “*00111 02-NON-CONTRACTED PROVIDER”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-13-01	99282	\$64.68	\$-0-	00850 00111	\$53.00	TWCC Rule 133.304 (c); CPT Descriptors	TWCC Rule 133.304 (c) states, “At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s). A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” The Carrier has not provided sufficient explanation of their denial as required by Rule 133.304 (c). The contractual denial is a moot point, as the Carrier has reduced and reimbursed the surgical services billed on the same date of service. In regard to the “00850 DELINES” denial, it is not in compliance with Rule 133.304 (c) . Therefore , reimbursement is recommended in the amount of \$53.00
Totals		\$64.68					The Requestor is entitled to reimbursement in the amount of \$53.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$53.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 22nd day of November 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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